HealthPort

P.O. Box 409740 Atlanta, Georgia 30384-9740 Fed Tax ID 58 - 2659941 (770) 754 - 6000



Invoice #: 0105803100 Date: 3/8/2012 Customer #: 629395

C-I	nip	ta	٠
- 01	ш	w	

JONATHAN O HARRIS OGLETREE DEAKINS NASH ET AL SUNTRUST PLAZA STE 1200 401 COMMERCE ST NASHVILLE, TN 37219Bill to:

JONATHAN O HARRIS OGLETREE DEAKINS NASH ET AL SUNTRUST PLAZA STE 1200 401 COMMERCE ST NASHVILLE, TN 37219Records from:

PSYCHIATRIC HOSP AT VANDERBILT 1601 23RD AVENUE SOUTH NASHVILLE, TN 37212

Requested By: OGLETREE DEAKINS NASH ET AL

Patient Name: ROBERTS KAYLA

SSN: DOB: *****2058

RECEIVED

121692

MAR 1 2 2012

700605.4

Description	Quantity	Unit Price	Amount	
Basic Fee			18.00	
Retrieval Fee			0.00	
Per Page Copy (Paper) 1	22	0.60	13.20	
Per Page Copy (Paper) 2	45	0.85	38,25	
Per Page Copy (Paper) 3	5	0.00	0.00	
Shipping			5.15	
Subtotal			74.60	
Sales Tax			6.90	
Invoice Total			81.50	
·			81.50	
Vendor # 221756 Location # 106				
Approved by mas Date 3-13-12 Timekeeper #				
G/L Code 020/2				
Client Matter #				
Cost Code				
Voucher # 876975 Pay Date 4/3 at	at www.HealthPortPay.com			
Terms: Net 30 days		EO (UCD)		

Terms:	Net	30	davs
--------	-----	----	------

Please remit this amount: \$81.50 (USD)

HealthPort

P.O. Box 409740 Atlanta, Georgia 30384-9740 Fed Tax ID 58 - 2659941 (770) 754 - 6000

	EXHIBIT
tabbies	\mathcal{D}
tabl	<i></i>

Invoice #: 0105803100	
Check #	***************************************
Payment Amount \$	

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000. Email questions to Collections@healthport.com.